

STATEMENT OF CUSTODY

Name of student _____

Name of Parent / Legal Guardian / Foster Parent _____

Address _____

Date Moved to this Address _____ Telephone Number _____

Are you the Parent / Legal Guardian registered to vote from the above address?

Yes _____ No _____

PARENT DATA

Student lives with (check one)

- Mother / Father Mother Only Father Only
 Mother / Step Father Father / Stepmother
 Legal Guardian Ward of Court

I state that I have ___ full or ___ shared custody rights of said Child for the following reason:

- Parents are still married and together.
 I have written proof of custody and a copy is attached
 I have no written proof of custody for the following reasons:
 I was never married to the Father/Mother of my Child (ren)
 I am still married to the Father/Mother of my child (ren)
 We are separated, but not divorced. No custody order exist
 The Father / Mother of my child (ren) is deceased.
 Other - please specify: _____

If you are a Legal Guardian, please supply the following Information:

- 1.) Court where Legal Guardianship was obtained _____

- 2.) Location of Court (city, state and country) _____
- 3.) Month, date and year Legal Guardian was obtained _____

To the best of my knowledge, all of the above information is true. I certify that I am the Parent or Legal Guardian of the above named child. That the student's name listed on the form is his / her legal name and that I / We have legal custody or are in the process of obtaining legal custody / guardianship and that **we both reside at the above address.** I will notify the school of any changes which will affect this application.

Signature

Date

**Groveport Madison Local School District
RESIDENCE VERIFICATION FORM**

I, _____, certify that I am a resident of the Groveport Madison Local School District residing at:

Street Number/Name _____

City/Zip Code _____

Date of Occupancy _____

Verification of above residence provided to school officials by having the following:
Lease /Mortgage and at least two of the following items:

- | | |
|-------------------------|--------------------------------|
| _____ tax bill | _____ cell phone bill |
| _____ bank statement | _____ rental insurance receipt |
| _____ insurance form | _____ car insurance bills |
| _____ two utility bills | _____ change of address form |

I, _____, further certify that this above information is true and accurate. Should any of this information be false, I agree to pay tuition cost of \$35.00 per day for each student listed below while illegally attending the Groveport Madison Local School District and understand that immediate withdrawal will occur.

I am aware that the Groveport Madison Local School District may use legal means to verify my residence.

<u>Child(ren)</u>	<u>Birthdate</u>
_____	_____
_____	_____
_____	_____
_____	_____

(Signature of Person Enrolling)

(Relationship to Child)

(School Official)

(Date)

2010-2011 School Year

The undersigned parent/legal guardian does hereby acknowledge that he/she has been informed in the event a grade level has reached capacity, his/her student(s) may not attend the school of their attendance area during the 2010-2011 school year.

The undersigned further acknowledges that he/she has been advised that his/her student may be transferred to another elementary/middle school within the Groveport Madison Local School District for the duration of said school year.

Parent/Legal Guardian Signature

Date